

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN ACTION NETWORK

(b) Address (number and street) ☐ check if different than previously reported

1401 NEW YORK AVENUE NW STE 1200

(c) City, State and ZIP Code

WASHINGTON

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001648

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

(b) Communication Title first

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: corporation

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

stephanie fenjiro

(b) Address (number and street)

1401 NEW YORK AVENUE NW STE 1200

(c) City, State and ZIP Code

washington

DC

20005

(d) Name of Employer or Principal Place of Business

american action network

(e) Occupation

administrator

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

149700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

stephanie fenjiro

SIGNATURE Electronically Filed by stephanie fenjiro

DATE 10/28/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

| | | | |
|-----------|---|-----------------------------------|-------|
| A. | (a) Name | Transction ID : F91.000001 | |
| | rob collins | | |
| | (b) Address (number and street) | | |
| | 1401 NEW YORK AVENUE NW STE 1200 | | |
| | (c) City, State and Zip Code | | |
| | washington | DC | 20005 |
| | (d) Name of Employer or Principal Place of Business | (e) Occupation | |
| | american action network | president | |

| | |
|---|-----------|
| SUBTOTAL of Disbursement/Obligation This Page (optional) | 149700.00 |
| <hr/> | |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | 149700.00 |